

BEST AVAILABLE COPY

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BJ		9-1-59
O.I.P.E. CLASSIFIER			11/17-59
FORMALITY REVIEW		61001	9/10 11/23

INDEX OF CLAIMS

☐ Rejected N ☐ Non-elected
☐ Allowed I ☐ Interference
☐ (Through numeral) Canceled A ☐ Appeal
☐ Restricted O ☐ Objected

Claim	Date
1	9/10/59
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Claim	Date
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If more than 150 claims or 10 actions
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